

**PLACER COUNTY
HEALTH AND HUMAN SERVICES
IN-HOME SUPPORTIVE SERVICES**

**ANTI – FRAUD
PLANNING PROPOSAL
FY2010/2011**



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Component 1: IHSS Overpayments/Underpayments

California Welfare and Institution Code Section 12305.71 requires each county to establish a dedicated In Home Supportive Services (IHSS) Quality Assurance/Quality Improvement function or unit. All Counties are required to perform routine, scheduled reviews of IHSS for appropriate application of the IHSS/PCSP uniformity system, as well as IHSS rules and policies for assessing participants' needs for services (Attachment A). Case reviews (both in chart review and home visits) are conducted to ensure accurate assessment of need and authorized hours. In addition, QA staff participates with CDSS in data claim matches indicating potential overpayments, and to implement procedures to identify third-party liability.

Beginning in 2007 and continuing to the present time, Placer County's Health and Human Services' QA staff has performed 250 desk reviews and 50 home visits annually as well as participated with CDSS in Error Rate studies such as Death Match report information verification, Out-of-State provider report, etc. In addition, Placer County QA staff monitors "Provider Working Over 300 Hours" monthly reports. All of these methods are used to assist in overpayment detection on the part of the county. All overpayment/underpayments activity is reported to CDSS on the QA Quarterly Report (Attachment B).

In FY2009/2010, a new Revenue Recovery and Collections process was established to effectively track and report on a monthly basis all pending overpayments and actual overpayment recovery (Attachment C). Revenue Recovery staff attend and participate in the monthly Anti-Fraud Coordination Task Force (AFCTF) meeting.

Component 2: Fraud Referrals/Outcomes

Placer County QA-IHSS had an exiting policy on Fraud, through the efforts of the AFCTF and in collaboration with Revenue Recovery, the Fraud Policy and Procedure (Attachment D) was updated to reflect our new procedure that includes collaborative efforts on the part of IHSS Caseworkers, Public Authority Registry Specialists, Quality Assurance, and Welfare Fraud Special Investigations Unit (SIU) to actively prevent and detect fraud activities. Placer County's

current methodology for determining the appropriate agency for referral/investigation includes referring fraud referrals to the local Welfare SIU and following Local Fraud SIU protocol. In addition to on-going county fraud prevention and detection activities, on a quarterly basis, QA staff is mandated to report all fraud referral data to DHCS.

Component 3: Collaboration and Partnerships with District Attorney's Office (DAO)

Health and Human Services and the District Attorney's office currently collaborate on all types of public assistance fraud. Deputy District Attorneys are available and have met with HHS investigators providing counsel on an array of issues, from answering questions involving search warrants, to providing suggestions on investigative approaches, to legal opinions, and to determine if investigations are ready for submission to the District Attorney's Office for charging. This collaboration has expanded to include IHSS fraud cases, and a Deputy DA currently attends all AFCFT committee meetings. With the continuation of the funding for the additional investigator it is anticipated that the plan to address this type of public assistance fraud, the level of collaboration and the number of referred cases shall continue to increase. Successful prosecution of individuals engaged in IHSS fraud will ultimately improve the integrity of the program and support deterrence efforts.

Component 4: Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)

Beginning in 2006, Placer County QA, IHSS Program, and Welfare Fraud SIU have worked collaboratively with DHCS in designing and implementing the protocols for addressing potential program fraud. Based on 2005 QA program requirements, all fraud referrals were to be summarized and reported quarterly (by number of referrals and potential overpayment amount) to DHCS. This has continued to occur on a quarterly basis.

In addition, a member of the Placer County Anti-Fraud Task Force (SIU Investigator) is a member of the State's IHSS Stakeholder Workgroup. This has proven to be a valuable collaborative activity for Placer County, as well as for CDSS and CDHCS.

Regarding our IHSS Program collaboration with CDSS, when the State distributes new All County Letters (ACLs) and All County Information Notices (ACINs) which may include complex program changes and associated instructions, the IHSS Program Supervisor will contact CDSS representatives to obtain further clarification. If there is an existing IHSS regulation that is open to interpretation, the Supervisor will also contact CDSS for feedback. Additionally, Placer County seeks feedback from CDSS when writing policies and procedures. The IHSS Supervisor attends regional CWDA meetings, such as the Northern CWDA Meeting and the Long Term Care Operations (LTCOPs) meeting. These meetings allow county representatives an opportunity to speak with State representatives and collaborate with them on new policies. The CDSS Quality Assurance Unit conducts a yearly audit of IHSS cases. During the audit, our county has the opportunity to discuss "best practices" and ask questions. Of note, the CDSS Quality Assurance Unit visited Placer County in August of 2008 for the express purpose of training new State Q.A. workers. Placer County provides ongoing feedback, as requested, by CDSS through other methods as well. For example, our county recently provided copies of our IHSS/PA Fraud Referral form (Attachment O), our Fraud Referral Tracking Log (Attachment Q), and all associated Policies and Procedures (Attachment D and others) to the State QA Research and Program Integrity Unit for their training purposes.

Placer County will continue to collaborate with DHCS and CDSS on data gathering of fraud referrals, joint investigations when needed as well as provide prosecution data of fraud cases.

Component 5: Mechanism for Tracking/Reporting

Please reference Attachments A through N for examples of tools used to track and report outcomes of Placer County Fraud efforts reporting to CDSS. Prosecution data will be

tracked separately from other fraud activities, recognizing that prosecutions are not eligible for federal financial participation, and will be done so through the Special Investigation Unit.

- A. IHSS QA Quality Improvement Work Plan – FY2010/2011
- B. IHSS Placer County Quarterly Report – Q4 FY2009/2010 submission
- C. Revenue Recovery Overpayment and Collection Report – June 24, 2010 submission
- D. IHSS QA Fraud Policy and Procedure – Revised May 13, 2010
- E. Data Match Review Form – Originated February 4, 2010, completed by IHSS QA staff and maintained in the Recipient's chart
- F. Death Match Report Policy and Procedure – Revised February 4, 2010
- G. State Recipient Hospital Stay Report – Referencing January 1 through June 30, 2008
- H. Desk Review Tool – Revised February 5, 2010
- I. Fraud Referral Report summary – FY2009/2010 submission
- J. Fraud Prevention Detection and Investigation brochure – mass-mailed to all IHSS recipients and providers in 2007 and in June 2010, presented by caseworkers at all intake interviews and all QA home visits, and presented to all new providers at Orientation and Enrollment
- K. Fraud Information Form – Revised May, 2010. Signed by the IHSS Recipient in the presence of the IHSS Caseworker at the initial intake Home Visit
- L. Over 300 Hours Worked Summary – completed by QA staff and maintained in Recipient's chart
- M. Pre and Post Orientation Survey – completed by Providers at Orientation
- N. Anti-Fraud Task Force Deliverable Report – updated by QA monthly

Component 6: County's Current and Proposed Anti-Fraud Activities

Current Practice: Placer County designated the Anti-Fraud Coordinator and established the Anti-Fraud Coordination Task Force committee which has been successful in bringing each of the various county units together including the front end IHSS Social Workers, IHSS Public Authority staff, IHSS Quality Assurance Unit, SIU, Revenue Recovery Department, and the DA's office. Placer County's current fraud detection/prevention activities are described in Attachment D, and those activities have expanded significantly during the past year. One component is an early intervention model which includes a collaborative effort between Public Authority, IHSS Program Staff, QA staff, and Welfare Fraud SIU. At all Provider Orientation and Enrollment meetings, providers are informed of program rules and the activities that constitute program fraud directly from a member of the SIU. This presentation includes time for questions and face to face contact with the Investigators and has resulted in a number of providers and recipients self-indentifying that they might have misunderstood a rule, or may have done something that has resulted in an overpayment. The Provider Orientation also has IHSS Program Staff informing providers of fraud prevention and detection in Placer County and requires a signature of advisement which is another preventive and accountability measure. During the Provider Orientation, the providers participate in a Pre and Post Orientation Survey (Attachment M) as an interactive means of teaching program rules as well as a method of measuring orientation efficacy. QA and Program Staff have revised the informational Fraud Brochure (Attachment J) to include the Placer County Fraud Hotline number; this brochure is also distributed at Provider Orientations and at recipients' reassessments. This Fraud Hotline number has also been posted on a number of county web pages including Human Services, Managed Care, Adult System of Care, IHSS, IHSS-Advisory Committee, and Older Adult Advisory Commission. QA mandated activities also address fraud by reviewing needs assessments and authorization of services during desk reviews (Attachment H) and at home visits. These activities have continued.

Placer County currently conducts error rate studies collaboratively with CDSS in the form of Death Match reports, Hospital Stay reports, and Out of County Provider/Recipient reports. In addition, Placer County reports third party liability status of IHSS Recipients to DHS Third Party Liability Unit and will utilize all available data monitoring capabilities provided by CMIPS II. QA staff is currently collaborating with other counties to obtain the QA program created for data matching between jail incarcerations of IHSS providers/recipients.

In addition, Placer County uses the following documents and forms to document reported fraud referrals and ongoing investigations. Please refer to Attachments O through U:

- O. IHSS / PA Fraud Investigation Referral – completed by IHSS and PA staff and submitted to IHSS QA staff for follow up
- P. IHSS QA Fraud Referral Desk Review Tool – completed by QA staff and maintained in Recipient's chart
- Q. IHSS QA Initial Fraud Reporting Summary – telephone triage document completed by QA clerical staff
- R. IHSS / QA – Access Fraud Call Log – maintained by QA Clerical Staff using item E above
- S. IHSS Overpayment Calculation Policy and Procedure – revised May, 2010
- T. IHSS Overpayment Computation Worksheet – completed by QA staff following fraud investigation and before referral to SIU
- U. State Fraud Investigation Policy and Procedure – revised September, 2009

Proposed Changes: Placer County's Health and Human Services SIU currently investigates all cases of suspected IHSS fraud. Unlike other forms of public assistance fraud, currently, Placer County has limited early fraud approaches designed specifically to prevent, detect, and deter IHSS fraud. It is our continued goal to develop a strategic and innovative approach by

implementing an early intervention program exclusively designed to ensure program integrity within the IHSS program with adding a dedicated full-time IHSS fraud investigator. Increasing the current SIU staffing level will assist the unit in dedicating a full-time investigator to support the program integrity efforts of IHSS. In addition, the continuing funding of the allocation of the IHSS Fraud Coordinator will ensure a comprehensive and consistent approach to preventing, detecting, and investigating potential fraud among the multitude of county players. The IHSS Fraud Coordinator continues to lead the AFCTF meetings which have been successful in bringing each of the appropriate county units together including the front end IHSS Social Workers, IHSS Public Authority staff, IHSS Quality Assurance Unit, SIU, Revenue Recovery Department, and the DA's office. By creating the Placer County's AFCTF, we have an enhanced collaborative approach supporting program integrity efforts that foster innovative solutions in preventing, deterring, and detecting IHSS fraud.

Placer County SIU and IHSS program staff will establish a reciprocal, on-going training program based on program trends, fraud referral trends, eligibility issues, regulation interpretation, overpayment/underpayment reports, QA desk reviews, etc., to mutually educate and improve the overall prevention of fraudulent activity. This enhanced training program is anticipated to include the principles and skills recommended by the State Stakeholder's group as well as based on the CSUS Social Work Training Curriculum. The IHSS Fraud Coordinator will assure that these efforts are coordinated among units to maximize IHSS program integrity in the most effective and efficient manner.

Another proposed activity to reach a larger audience and have more specific fraud reporting details is the development of a web page for the Special Investigative Unit. This web page would include additional details on how to make a suspected fraud report, with whom to report the fraud, identify typical fraud indicators, and specific descriptions of types of fraud all in an effort to more fully inform the general public. It is anticipated that this community awareness will lead to more appropriate and accurate fraud referrals.

Component 7: County Proposed Budget for Utilization of Funds (Enclosure E)

IHSS Fraud Investigator

Salaries & Benefits	Amount
Salaries	\$ 71,036
Benefits	\$ 39,780
Subtotal	<u>\$110,816</u>

Operating Equipment	Amount
Badge	\$ 300
Ammunition	\$ 300
Firearm	\$ 800
Body Armor	\$ 1,000
Computer	\$ 3,000
Office Furniture	\$ 5,000
Travel and Training	\$ 20,000
Vehicle	\$ 27,000
Subtotal	<u>\$ 57,400</u>
Total	<u><u>\$168,216</u></u>

IHSS Fraud Coordinator

Salaries & Benefits	Amount
Salaries	\$ 52,011
Benefits	\$ 33,736
Total	<u><u>\$85,747</u></u>

Grand Total: \$253,963

Component 8: Annual Outcomes Report

Placer County has developed an Anti-Fraud Coordination Task Force deliverable report (Attachment N) which includes tracking and the status of activities proposed in the FY 2009-10 Anti-Fraud Planning Proposal. This grid was developed by Placer County in the absence of direction from Department of Social Services and was a direct effort to manage our implementation of anti-fraud improvements. Data and outcomes are listed in the referred report and tracked until completion. Please note that this AFCFT Outcome report will be presented in future years using parameters communicated by CDSS.

Component 9: Data Reporting Spreadsheet

Please refer to Enclosure D for Placer County's Data Reporting information.